



**American Life Insurance Company**  
 MetLife Building, 18-20 Motijheel C.A.  
 P.O. Box 9, Dhaka - 1000  
 Bangladesh

Date: 

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Customer Account No. : .....

Primary Cardholder's Name : ..... Date of Birth : ...DD.../...MM.../...YYYY.....

**Beneficiary Nomination for Credit Card of NCC Bank PLC.**

Insurance benefits exceeding the Outstanding Balance will be paid to the following Beneficiary (ies):

1. Name: DOB:                      Nationality:                      Country of Residence:	Relationship: ..... Benefit .....%
2. Name: DOB:                      Nationality:                      Country of Residence:	Relationship: ..... Benefit: .....%

Information of the Appointee who will receive policy proceeds on behalf of minor beneficiary(ies), if any

<b>This appointment shall not be valid unless signed by Appointee</b>	Name of Appointee:	Relationship to the Beneficiary(ies): .....
	Signature:	
	DOB:                      Nationality:                      Country of Residence:	

*\*Unless otherwise requested, multiple beneficiaries share the benefit equally and the right to change the beneficiary is reserved.*

Signature (Primary Cardholder) and Date

Signature and Seal of NCC Bank Official